



**1<sup>ST</sup> WORLD PSORIASIS & PSORIATIC ARTHRITIS  
CONFERENCE 2006**

**A GLOBAL PERSPECTIVE**

**May 31 – June 4, 2006, Stockholm, Sweden**

**Final program**



Patron of the 1<sup>st</sup> World Psoriasis & Psoriatic Arthritis Conference is His Majesty King Carl Gustav

[www.ifpa-pso.org](http://www.ifpa-pso.org)

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# WELCOME

*Dear friends,*

On behalf of IFPA it is my great honour to welcome you to Stockholm and the 1st World Psoriasis & Psoriatic Arthritis Conference.

Delegates from all over the world have registered from around 40 countries. Speakers and abstract authors represent researchers, clinicians and patients.

We are proud to present to you a broad scientific program covering both the dermatology and rheumatology aspects of the psoriasis disease. Hopefully this conference will generate a spirit of partnership to improve the understanding and care of psoriasis patients and to bring all aspects of psoriasis together in order to achieve a comprehensive view of treatment methods and quality of life issues.

You are welcome to attend several social events. The city of Stockholm invites us all to a reception in the beautiful City Hall, which I hope that you will all attend. Hopefully you will take some extra time to explore our beautiful city and I wish you an enjoyable stay in Stockholm.

I want to express my gratitude to all involved in launching this conference, especially the scientific committee and council, our sponsors and the organizing committee.



Yours sincerely,  
**Lars Ettarp**  
*President of IFPA*



## DEAR COLLEAGUE,

Welcome to the 1st World Psoriasis and Psoriatic Arthritis Conference 2006. We hope you enjoy your stay in Stockholm and benefit from this first meeting of the psoriasis community from around the world. Medical professionals from both dermatology and rheumatology, and from many different countries, are here to study the most recent advances in four basic areas of research in psoriatic disease: clinical research, including therapy and epidemiology; genomics and proteomics; immunology and cell biology; and quality of life. We anticipate that you will also take home a much greater global perspective of psoriasis treatments, access to care and research needs.

Along with the International Federation of Psoriasis Associations, we are eager for clinicians, researchers and psoriasis association leaders to foster ongoing communication so that future research and advocacy initiatives can take form – a partnership that will make a significant difference to psoriasis patients throughout the world.

We also want to thank the corporate sponsors for their support in helping make this conference a reality. They, too, are an important part of improving the lives of the millions of people who live with psoriasis and psoriatic arthritis worldwide.

Thank you for joining us at this first world conference. We are pleased you are here.

Sincerely,



*Mark Lebwohl, M.D.  
IFPA Medical Advisor &  
Honorary Chairman*



*Kenneth Gordon, M.D.  
Co-Chair  
Dermatology  
Scientific Committee*



*Philip Mease, M.D.  
Co-Chair  
Rheumatology  
Scientific Steering Committee*

# COMMITTEES



PHOTO RICHARD RYAN

## **Honorary Chairman, 1st World Psoriasis & Psoriatic Arthritis Conference 2006**

Mark Lebwohl, M.D., USA

## **Scientific Steering Committee**

### **CLINICAL RESEARCH**

Kenneth Gordon, M.D.,  
Co-Chairman - Dermatology, USA

Philip Mease, M.D.,  
Co-Chairman - Rheumatology, USA

### **GENOMICS & PROTEOMICS**

Jonathan Barker, M.D., UK  
Dafna Gladman, M.D., FRCP, Canada

### **QUALITY OF LIFE**

Peter van de Kerkhof, M.D., Ph.D., The Netherlands  
Alan Menter, M.D., USA  
Douglas J. Veale, M.D., FRCPI, FRCP (Lon) Ireland

### **IMMUNOLOGY & BIOLOGY**

Mona Ståhle, M.D., Ph.D., Sweden  
Christopher Ritchlin, M.D., USA

## **Scientific Council**

Steven Feldman, M.D., Ph.D., USA  
Andrew Y. Finlay, M.D., UK  
Gail Todd, M.D., Ph.D., South Africa  
John Y. M. Koo, M.D., USA  
Philip Helliwell, M.D., UK  
Arthur Kavanaugh, M.D., USA  
Gerald G. Krueger, M.D., USA

Peter Nash, M.D., Australia  
Jean-Paul Ortonne, M.D., France  
Michael David, M.D., Israel  
Ibrahim Hassan Galadari, M.D., United Arab Emirates  
Juha Kere, M.D., Ph.D., Sweden  
Tae Yoon Kim, M.D., South Korea  
Proton Rahman, M.D., Canada  
Dominique Baeten, M.D., Ph.D., The Netherlands  
Oliver FitzGerald, M.D., Ireland  
Iain B. McInnes, Ph.D., FRCP, UK  
Frank Nestle, M.D., UK  
Brian Nickoloff, M.D., Ph.D., USA  
Joerg C. Prinz, M.D., Germany  
Paul P. Tak, M.D., Ph.D., The Netherlands  
Kurt de Vlam, M.D., Ph.D., Belgium

## **Organizing Committee**

Lars Ettarp, President of IFPA  
President of Swedish Psoriasis Association, Sweden  
Gail Zimmerman, Vice President of IFPA,  
President & CEO, National Psoriasis Foundation, USA  
Sheri Decker, Secretary of IFPA  
International Relations, National Psoriasis Foundation, USA  
Jan A. Monsbakken, Treasurer of IFPA  
Secretary General, Norwegian Psoriasis Association, Norway  
Birgitta Rehnby, Executive Director,  
Swedish Psoriasis Association, Sweden  
Hoseah Waweru, M.D., Member At Large of IFPA  
President, Psoriasis Association of Kenya, Kenya

## **Abstract Secretariat**

Liz Horn, Ph.D., National Psoriasis Foundation, USA

# PROGRAM AT

## WEDNESDAY MAY 31

*Pre-Conference meetings held at Norra Latin*

- 9:00 – 19:00 Meetings of international research consortia and subcommittees
- 15:00 – 19:00 Registration
- 18:30 – 22:00 Exhibition installation/Poster setup
- 19:00 Welcome reception

## THURSDAY JUNE 1

*All meetings held at Folkets Hus*

- 7:30 Registration
- 8:30 – 9:00 Opening Ceremony
- 9:00 – 11:30 Genomics & Proteomics  
*Chairs: Drs. Jonathan Barker and Dafna Gladman: Ps and PsA speakers*
- 9:00 – 11:00 Clinical Research Session for Allied Health Professionals
- 11:30 – 14:00 Lunch/Exhibits/Posters
- 12:30 – 14:00 Wyeth Satellite Symposium
- 14:00 – 17:00 Immunology & Biology  
*Chairs: Drs. Mona Stahle, Christopher Ritchlin: Ps and PsA speakers*
- 14:00 – 16:00 Genetics Session for Allied Health Professionals
- 17:00 – 18:30 LEO Pharma Satellite Symposium

## FRIDAY JUNE 2

*All meetings held at Folkets Hus*

- 8:00 – 9:00 Poster Sessions/Exhibits
- 9:00 – 11:30 Quality of Life (Burden of the Disease)  
*Chairs: Drs. Peter van de Kerkhof and Douglas Veale: Ps and PsA speakers*
- 11:30 – 14:00 Lunch/Exhibits/Posters/
- 12:30 – 14:00 Serono Satellite Symposium
- 14:00 – 17:00 Global Perspective of Psoriasis  
*Chairs: Lars Ettarp, Gail Zimmerman, Mark Lebwohl, M.D.  
Medical professionals and psoriasis association representatives from various continents will review: magnitude of the problem; stigmatization; access to care and status of research*
- 19:00 – 21:00 Reception at Stockholm City Hall  
*(hosted by the City of Stockholm and the Stockholm County Council)*

# A GLANCE

## SATURDAY JUNE 3

*All meetings held at Folkets Hus*

- 8:00 – 9:00 Poster Sessions/Exhibits
- 9:00 – 11:30 Clinical Research  
*Chairs: Drs. Kenneth Gordon and Philip Mease: Ps and PsA speakers*
- 11:30 – 14:00 Lunch/Exhibits/Posters
- 16:00 – 17:30 Clinical Research for Allied Health Professionals
- 19:30 Conference Dinner at Restaurant Solliden, Skansen  
*(buses depart from Folkets Hus at 19:00 hrs)*

## SUNDAY JUNE 4

*All meetings held at Norra Latin*

- 9:30 – 14:30 Advocacy Session  
Lunch included  
*Chairs: Lars Ettarp, Gail Zimmerman*  
*International review of patient rights and needs*
- 14:30 – 17:00 IFPA Meeting for member associations
- 17:00 – 19:00 EUROPSO Meeting

## MONDAY JUNE 5

*All meetings held at Norra Latin*

- 9:00 – 17:00 World Psoriasis Day, October 29  
WPD Supporters Meeting  
Psoriasis Associations and others



# SCIENTIFIC

## WEDNESDAY MAY 31

All meetings held at Norra Latin

### Room:

9:00 – 10:00	IFPA, Organizing Committee Meeting	460
12:00 - 13:00	IFPA, Scientific and Organizing Committee Meeting	460
13:00 – 17:00	GRAPPA Meeting Chairman, Philip Mease, MD	Musiksalen
17:00 – 19:00	Immunohistology Meeting Chairman, Oliver FitzGerald, MD	Musiksalen
15:00 – 19:00	Registration	Outside Musiksalen
18:30 – 22:00	Exhibition Installation & Poster Setup	Folkets Hus
19:00 – 21:00	Welcome Reception	Ljuskåden

## THURSDAY JUNE 1

All meetings held at Folkets Hus

### Room:

7:30	<b>Registration</b>	Folkets Hus, top floor
8:00 – 9:00	<b>Coffee</b>	
8:30 - 9:00	<b>Opening Ceremony</b> Lars Ettarp, President, International Federation of Psoriasis Associations (IFPA), Stockholm, Sweden Mark Lebwohl, MD, Honorary Chairman, 1st World Psoriasis and Psoriatic Arthritis Conference 2006, New York City, NY, United States Professor Hans Wigzell, Chief Scientific Advisor to the Swedish Government and Former Chairman of the Nobel Committee for Medicine, Stockholm, Sweden	Hall: A/B
9:00 – 11:30	<b>Genomics &amp; Proteomics</b> Chairmen: Jonathan Barker, M.D., and Dafna Gladman, M.D.	Hall: A/B
9:00 – 10:00	<b>Introduction and overview – invited lectures</b> <ul style="list-style-type: none"><li>• Genetics of psoriasis. Jonathan Barker, M.D., London, England, United Kingdom (9:00 – 9:30)</li><li>• Genetics of psoriatic arthritis. Proton Rahman, M.D., St. Johns, Newfoundland, Canada (9:30 – 10:00)</li></ul>	
10:00 – 10:50	<b>Abstract presentations</b> <b>9</b> - HLA-Cw*0602 and HLA-ER genotypes interact in psoriasis. (10:00 – 10:10) <b>11</b> - Role of chromosome 6P haplotypes in the susceptibility to psoriatic arthritis. (10:10 – 10:20) <b>6</b> - Follow-up analysis of PSORS9 in Chinese families: Refine the critical interval to chromosome 4q31-32 and provide strong linkage evidence for early onset patients by order subset analysis. (10:20 – 10:30) <b>10</b> - Characterizing susceptibility to phenotypic variations of psoriasis by comparing allelic association signals on PSORS loci chromosomes. (10:30 – 10:40) <b>13</b> - Epidemiology of psoriasis: A study of 156 California twin pairs. (10:40 – 10:50)	
10:50 – 11:30	<b>Invited lectures</b> <ul style="list-style-type: none"><li>• Genetics research in psoriasis. Mona Ståhle, M.D., Ph.D., Stockholm, Sweden (10:50 – 11:10)</li><li>• Genetics research in psoriatic arthritis. Ellie Korendowych, M.D., Bath, England, United Kingdom (11:10 – 11:30)</li></ul>	
11:30 – 14:00	<b>Exhibits/Posters/Lunch</b> <i>Lunch is served in restaurant Cabaret</i>	
12:30 – 14:00	<b>Wyeth Sponsored Satellite Symposium</b>	Hall: C

# PROGRAM

		<b>Room:</b>
14:00 – 17:00	<b>Immunology &amp; Biology</b> Chairman: Mona Stähle, M.D., Ph.D., and Christopher Ritchlin, M.D.	Hall: A/B
14:00 – 15:00	<b>Introduction and overview - invited lectures</b> <ul style="list-style-type: none"> <li>• Novel insights into early triggers of psoriasis pathogenesis. Frank Nestle, M.D., London, England, United Kingdom (14:00 – 14:20)</li> <li>• Immunobiology of psoriasis. Joerg Prinz, M.D., Munich, Germany (14:20 – 14:40)</li> <li>• Immunobiology of psoriatic arthritis. Christopher Ritchlin, M.D., Rochester, NY, United States (14:40 – 15:00)</li> </ul>	
15:00 – 16:30	<b>Abstract Presentations</b> <p><b>20</b> - Substance P and its receptor neurokinin-1 in psoriasis: A pathoetiological role? (15:00 – 15:15)</p> <p><b>30</b> - Regulation of 12-LOX gene expression by insulin-like growth factor-II promote cell proliferation through ERK and PI3K-PKC pathway in human keratinocytes. (15:15 – 15:30)</p> <p><b>32</b> - Are the pathogenic T cells in psoriasis generated in the tonsils and what are they reacting to in the skin? (15:30-15:45)</p> <p><b>24</b> - Ectopic lymphoid neogenesis in psoriatic arthritis. (15:45 – 16:00)</p> <p><b>26</b> - Activation of nuclear factor kappa B and mitogen activated protein kinases in psoriatic arthritis before and after etanercept treatment. (16:00 – 16:15)</p> <p><b>31</b> - Novel innate response cytokines in psoriatic arthritis. (16:15 – 16:30)</p> <p><b>Invited lecture</b></p> <ul style="list-style-type: none"> <li>• Animal models of psoriasis.</li> </ul>	
16:30 – 17:00		
9:00 – 11:00	<b>Clinical Research Session for Allied Health Professionals Psoriasis Association Leaders and Media</b> Chairmen: Kenneth Gordon, M.D., and Philip Mease, M.D.	Hall: C
14:00 - 16:00	<b>Genetics Session for Allied Health Professionals Psoriasis Association Leaders and Media</b> Chairmen: Dafna Gladman, M.D., and Jonathan Barker, M.D.	Hall: C
17:00 – 18:30	<b>LEO Pharma Satellite Symposium</b>	Hall: C

<b>FRIDAY JUNE 2</b>		<b>Room:</b>
<i>All meetings held at Folkets Hus</i>		
8:00 – 9:00	<b>Poster Session and Exhibits</b> <i>Coffee will be served on the premises</i>	
9:00 – 11:30	<b>Quality of Life (Burden of the Disease)</b> Chairmen: Peter van de Kerkhof, M.D., Ph.D., and Douglas Veale, M.D.	Hall: A/B
9:00 – 9:10	<i>Welcome and introduction</i> <ul style="list-style-type: none"> <li>• Dermatology quality of life. Andrew Finlay, M.D., Cardiff, Wales, United Kingdom (9:00 – 9:05)</li> <li>• Rheumatology quality of life. Arthur Kavanaugh, M.D., San Diego, CA, United States (9:05 – 9:10)</li> </ul>	
9:10 – 10:20	<b>Abstract presentations</b> Patient Surveys <p><b>34</b> - Psoriasis impacts daily life and carries a substantial burden: National Psoriasis Foundation Survey Panels. (9:10 – 9:20)</p> <p><b>52</b> - Psoriatic arthritis: Patient knowledge and its relationship to quality of life. (9:20 – 9:30)</p>	

**Room:**

New Measurements

**37** - The World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) as a framework for understanding the manifestations and consequences of psoriasis and psoriatic arthritis. (9:30 – 9:40)

**38** - Koo-Menter Psoriasis Instrument & PQOL-12. (9:40 – 9:50)

Interviews

**39** - Revealing the extensive secondary impact of psoriasis on family members. (9:50 – 10:00)

**41** - Stress and psoriasis: A reciprocal relationship? (10:00 – 10:10)

**43** - Factors accounting for quality of life in psoriasis patients. (10:10 – 10:20)

10:20 – 11:30

**Invited lectures 49** - Quantitative assessment on adherence to medication: Implications for treatment. (10:20 – 10:40)

- The relevance of quality-of-life assessment in the treatment of psoriasis. [John de Korte, M.D., Amsterdam, The Netherlands.](#) (10:40 – 11:00)

- Quality of life in dermatology. [Andrew Finlay, M.D., Cardiff, England, United Kingdom](#) (11:00 – 11:15)

- Quality of life related issues in psoriatic arthritis. [Arthur Kavanaugh, M.D., San Diego, CA, United States.](#) (11:15 – 11:30)

11:30 – 14:00

**Lunch/Posters/Exhibits**

*Lunch is served in restaurant Cabaret*

12:30 - 14:00

**Serono Satellite Symposium**

Hall: C

14:00 – 17:00

**Global Perspective of Psoriasis**

Hall: A/B

*Chairmen: [Mark Lebwohl, M.D.,](#) [Lars Ettarp](#) and [Gail Zimmerman](#)*

**Gaining a global perspective of psoriasis.** [Mark Lebwohl, MD, New York City, NY, United States](#) (14:00 – 14:10)

**Invited Lectures**

- **Burden of disease: EUROPSO Survey.**

[Jean Paul Ortonne, M.D., Nice France](#) (14:10-14:40)

- Question and answer (14:40 – 14:50)

- Burden of disease: U.S. 2001 Benchmark Survey.

[Steven Feldman, M.D., Ph.D., Winston-Salem, NC, United States](#) (14:50 – 15:20)

- Question and answer (15:20 – 15:30)

**International insights into psoriasis**

- South Africa. [Gail Todd, M.D., Capetown](#) (15:30 – 15:40)

- United Arab Emirates. [Ibrahim Hassan Galadari, M.D., Dubai](#) (15:40 – 15:50)

- Argentina. [Silvia Fernandez Barrio, Buenos Aires](#) (15:50 – 16:00)

- South Korea. [Tae-Yoon Kim, M.D., Seoul](#) (16:00 – 16:10)

- Kenya. [Hoseah Waweru, M.D., Nairobi](#) (16:10 – 16:20)

- Israel. [Michael David, M.D., Petah Tiqwa](#) (16:20 – 16:30)

**Discussion**

- Working to develop an international agenda on behalf of psoriasis patients.

[Lars Ettarp, Stockholm, Sweden,](#) and [Gail Zimmerman, Portland, OR, United States](#) (16:30 – 17:00)

19:00 – 21:00

**Reception at Stockholm City Hall**

*(individual transport to and from)*

## SATURDAY JUNE 3

All meetings held at Folkets Hus

Room:

8:00 – 9:00	<b>Poster Session and Exhibits</b> <i>Coffee will be served on the premises</i>	
9:00 – 11:30	<b>Natural History, Disease History and Epidemiology</b>	Hall: A/B
	<b>Keynote lecture</b> <ul style="list-style-type: none"><li>• Historical perspective on psoriasis. TBD (9:00 – 9:20)</li></ul>	
9:20 – 10:20	<b>Invited lectures</b> <ul style="list-style-type: none"><li>• New elements of epidemiology and co-morbidities of psoriasis revisited. Gerald G. Krueger, MD, Salt Lake City, UT, United States (9:20 – 9:40)</li><li>• Outcome measure science of psoriasis. Robert Chalmers, MD, Manchester, England, United Kingdom (9:40 – 9:50)</li><li>• New elements of epidemiology and clinical aspects of psoriatic arthritis. Dafna Gladman, M.D., Toronto, Ontario, Canada (9:50 – 10:10)</li><li>• Panel discussion. Moderator: Kenneth Gordon, M.D., Chicago, IL, United States (10:10 – 10:20)</li></ul>	
10:20 – 11:30	<b>Abstract presentations</b> <p><b>58</b> - Hormonal effects of pregnancy on psoriasis. (10:20 – 10:30)</p> <p><b>56 - Childhood psoriasis:</b> A study of 277 patients from China. (10:30 – 10:40)</p> <p><b>72/96 - 72</b> Diagnosis of arthritis in psoriasis patients presenting with joint pain to a dermatology/rheumatology clinic. (10:40 – 10:50)</p> <p><b>74/77 - 74</b> - Magnetic resonance imaging in dactylitis: What is the site of the inflammation? (10:50 – 11:00)</p> <p><b>112</b> - Disease activity in early psoriatic arthritis: A prospective comparative study with rheumatoid arthritis. (11:00 – 11:10)</p> <p><b>97</b> - Classification criteria for psoriatic arthritis: Results from the CASPAR study. (11:10 – 11:20)</p> <p><b>106</b> - Liver injury in long-term methotrexate treatment in psoriasis is relatively infrequent. (11:20 – 11:30)</p>	
11:30 – 14:00	<b>Exhibits/Posters/Lunch</b> <i>Lunch is served in restaurant Cabaret</i>	
14:00 – 16:00	<b>Clinical Research</b> Chairmen: Kenneth Gordon, M.D., and Philip Mease, M.D.	Hall: A/B
14:00 – 14:40	<b>Invited lectures</b> <ul style="list-style-type: none"><li>• Traditional systemic agents and biologic agents in psoriasis. Kristian Reich, MD Göttingen, Germany (14:00 – 14:20)</li><li>• Traditional systemic agents in psoriatic arthritis. Neil McHugh, MD, Bath, England, United Kingdom (14:20 – 14:30)</li><li>• Biologic agents in psoriatic arthritis. Philip Mease, MD, Seattle, WA, United States (14:30 – 14:40)</li></ul>	
14:40 – 15:10	<b>Abstract presentations</b> <p><b>117</b> - Results of Phase II study of CNTO 1275 in the treatment of psoriasis. (14:40 – 14:50)</p> <p><b>92/93 - 92</b> - Magnetic resonance imaging study assessing the efficacy of anakinra (Kineret) in psoriatic arthritis:</p> <p><b>93</b> - Efficacy of anakinra (Kineret) in psoriatic arthritis: A clinical and immunohistological study. (14:50 – 15:00)</p> <p><b>124</b> - Educate. (15:00 – 15:10)</p>	
15:10 – 15:50	<b>Concluding lectures</b> <ul style="list-style-type: none"><li>• Drug safety in psoriasis and psoriatic arthritis. Eric Ruderman, M.D., Chicago, IL, United States (15:10 – 15:30)</li><li>• Forward looking lecture on new treatments in development. Alice Gottlieb, M.D., Ph.D., Boston, MA, United States (15:30 – 15:50)</li></ul>	

**Panel discussion.**

Moderator: Kenneth Gordon, M.D., Chicago, IL, United States (15:50 – 16:00)

9:00 – 11:00

**Immunology and Biology Session for Allied Health Professionals  
Psoriasis Association Leaders and Media****Hall: C**

Chairmen: Mona Ståhle, M.D., Ph.D., and Christopher Ritchlin, M.D.

19:30 - 22:00

**Conference Dinner at restaurant Solliden, Skansen***Buses will depart from Folkets Hus at 19.00 hrs***SUNDAY JUNE 4***All meetings held at Norra Latin, Pelarsalen***Room:**

9:30 – 14:30

**Advocacy Session****Audience:** Psoriasis association representatives, physicians/scientists, industry representatives and politicians working to develop an international patient advocacy agenda.**Purpose:** This session will identify opportunities for collaboration between psoriasis patient associations, medical professionals, industry representatives and governments to promote public awareness and access by all patients with psoriasis and psoriatic arthritis to safe and effective treatment. These actions will promote better understanding of psoriasis and psoriatic arthritis, and educate health professionals, scientists, insurers, government officials, professional societies, media and the public about the burden of these diseases and need for treatment.

9:30 – 12:00

**Invited Lectures**

- Welcome and introduction.

[Lars Ettarp, President of IFPA, Gail Zimmerman, Vice President of IFPA](#)

- How Patient Advocacy Organizations can Help Physicians Help Patients.

[Mark Lebwohl, M.D., New York City, NY, United States \(10:00 – 10:15\)](#)

- Physician's perspective of advocacy.

[Steven Feldman, M.D., Ph.D., Winston-Salem, NC, United States \(10:15 – 10:35\)](#)

- Industry's perspective of advocacy.

[Rajesh Gupta, Serono, Inc., Geneva, Switzerland \(10:35 – 11:00\)](#)

11:00 – 11:30

**Coffee**

11:30 – 13:00

**Panel Discussion and Open Forum.**[Chairs Lars Ettarp and Gail Zimmerman](#)

13:00 – 14:00

**Lunch**

14:00 – 14:30

**Summary and conclusion.**[Lars Ettarp and Gail Zimmerman](#)**Audience participation to address these issues:**

Why do we need advocacy?

What are examples of effective and successful advocacy initiatives in action?

Who is doing what from associations, medical community, corporations and government?

How can different factions cooperate?

What aims are the most important for advocacy?

What will it take to become an effective advocacy organization?

14:30 – 17:00

**IFPA Annual Meeting for member organizations**

14:30

Coffee

15:00

Meeting starts

17:00 – 19:00

**EUROPSO Meeting for member organizations**

Room 255

# REGISTRATION

For on-site registrations and/or questions, please contact the registration desk.

The registration desk will open up on May 31 at 15.00 hrs (3 p.m.) and will remain open all through the conference.

The registration desk on May 31 is at the venue Norra Latin.

The conference registration desk on June 1, 2 and 3 is held at the venue Folkets Hus.

On Sunday June 4 and Monday June 5 an "Information desk" will be located outside the session hall 'Pelarsalen' at the venue Norra Latin.

## REGISTRATION FEES

According to Sixth VAT Directive, 77/388/EEG, Article 9.2.(e), participants from different countries should pay their registration fee either including or excluding Swedish VAT:

For VAT details, please contact the registration desk.

## FEES

### Delegates, Students\* and IFPA Members

*On site fee from May 29*

**SEK 2750 / 3438**

\* *Student fee: Please include letter of introduction from your department chairman or program director with your registration form.*

### Accompanying person fee

Fee includes VAT for all

**SEK 1875**

*Fees Excl VAT / Incl. 25% VAT*

## DELEGATE FEE COVERS

Participation in the sub-committee & Grappa meetings, satellite symposium, conference sessions, welcome reception, exhibition, morning and afternoon coffees, lunches, poster sessions and the Stockholm City Hall reception and subsidized conference dinner.

## ACCOMPANYING PERSON'S FEE COVERS

Participation in the welcome reception, poster session and the Stockholm City Hall reception and subsidized conference dinner.

# PAYMENT

Please contact the registration desk for any questions regarding your payment.

# ACCOMMODATION

Please contact the registration desk for any questions regarding your hotel accommodation.

The official conference hotels are: Best Western Wallin Hotel, Comfort Hotel Stockholm, Nordic Sea Hotel, Sheraton Stockholm and Hotel Tegnérulunden. All hotels are within walking distance to the conference venues.

# SOCIAL PROGRAM

- [A ticket is mandatory for entrance to the Stockholm City Hall and to the Conference Dinner at Skansen](#)
- [The tickets are included in your 'registration kit' you receive at the registration desk](#)
- [For bookings and/or questions, please contact the registration desk](#)

## WEDNESDAY MAY 31 at 19:00 hrs, WELCOME RECEPTION

The Welcome Reception takes place at the venue Norra Latin.

A perfect opportunity to mingle with your colleagues when you will be served light snacks, a glass of wine or a soft drink.

*Included in the registration fee for delegates and accompanying guests.*

## FRIDAY JUNE 2 at 19:00 hrs, RECEPTION, STOCKHOLM CITY HALL

The City of Stockholm and the Stockholm County Council invite you to a buffet dinner at the Stockholm City Hall. Beautifully situated on the waterfront of Riddarfjärden in central Stockholm. The Stockholm City Hall is mostly famous for the Nobel Prize festivities, which take place in the Blue Hall every year on December 10.

*Please bring the invitation card included in your 'delegate kit'.*

*Individual transport to and from the City Hall which is located approximately within 10 minutes walking distance from the conference venue.*

## SATURDAY JUNE 3 at 19:30 hrs, CONFERENCE DINNER AT SOLLIDEN, SKANSEN

The conference dinner will be held at restaurant Solliden at Skansen. Skansen - across the water on the island of Djurgården - was founded in 1891 and is the world's oldest open-air museum.

*Bus will depart from Folkets Hus, 19:00. Please bring your ticket!*

# GENERAL INFORMATION

## Badges

The participant's name badge will be provided at the registration desk. For security reasons, all participants are requested to wear the badge throughout the conference.

## Business hours and shopping

Shops are open between 10.00 and 18.00 hrs on weekdays and from 10.00 to 15.00 hrs on Saturdays. Shops in the City centre have extended opening hours, some even on Sundays between 12.00 and 16.00 hrs. The main shopping streets in the centre of Stockholm are: Hamngatan, Biblioteksgatan, Drottninggatan and Västerlånggatan in the Old Town.

## CME Credits

The Institute for professional development of physicians in Sweden, IPULS, has reviewed and approved the symposium "1st World Psoriasis and Psoriatic Arthritis Conference 2006", May 31- June 4 in Stockholm, Sweden. A maximum of 17.5 CME credit hours may be awarded for participation in the complete conference.

## Currency

The currency in Sweden is the Swedish krona, SEK.

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The exhibiting companies are:

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The Exhibition will be open for delegates from June 1, at 09.00 hrs and stay open throughout the Conference. Opening hours will be Thursday - Friday 09.00-17.30 hrs and on Saturday 09.00-16.30 hrs.

## Insurance

Neither the Conference Organizers or the Conference Secretariat accept any liability for personal injuries sustained, or for loss or damage to property belonging to conference participants, either during or as a result of the conference.

## Language

The conference language is English. There will be no simultaneous interpretation.

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## Press

Authorized members of the press are welcome to cover the World Psoriasis and Psoriatic Arthritis Conference 2006. All press will be asked to show your press identification upon registration.

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All speakers must contact the technician in room 201 (i.e. the Speaker's ready room) in good time before your scheduled presentation.

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\*in responders:  
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# ABSTRACT TITLES

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### 1 Psoriasis - Gene to Clinic

Wayne P. Gulliver, MD, New Lab Clinical Research, Inc., Newfoundland, Canada.

### 2 Association of Stat3 variants and psoriasis in the Newfoundland and Labrador Founder population.

Wayne P. Gulliver, MD, New Lab Clinical Research, Inc., Newfoundland, Canada, Proton Rahman, MD, MSc, FRCPC, Katrin Zipperlen, Memorial University of Newfoundland, Newfoundland, Canada, Lynette Peddle, BSc, Newfound Genomics, Newfoundland, Canada.

### 3 Comorbidities associated with psoriasis in the Newfoundland and Labrador Founder population.

Wayne P. Gulliver, MD, Zohair Tomi, New Lab Clinical Research, Inc., Newfoundland, Canada.

### 4 Confirmation of a susceptibility locus 2q33.9q34 for Chinese Hans family psoriasis.

Xun-Jun Zhang, PhD, Liang-Dan Sun, Sen Yang, Xing Fan, Kai-Yin Lan, Min Gao, Yan-Hua Liang, Anhui Medical University, Hefei, Anhui, China.

### 5 A novel MGST2 non-synonymous mutation in a Chinese pedigree with psoriasis vulgaris.

Xun-Jun Zhang, PhD, Kai-Yin Lan, Zhi-Min Wang, Sen Yang, Guo-Long Zhang, Jian Wang, Min Gao, Anhui Medical University, Hefei, Anhui, China.

### 6 Follow-up analysis of PSORS9 in Chinese families: Refine the critical interval to chromosome 4q31-32 and provide strong linkage evidence for early onset patients by order subset analysis.

Xun-Jun Zhang, PhD, Kai-Lin Yan, Wei Huang, Sen Yang, Yu-Ming Chen, Xing Fan, Min Gao, Anhui Medical University, Hefei, Anhui, China.

### 7 Polymorphisms in Interleukin-15 gene on chromosome 4q31.2 are associated with psoriasis vulgaris in Chinese population.

Xun-Jun Zhang, PhD, Kai-Lin Yan, Zhi-Min Wang, Guo-Long Zhang, Sen Yang, Xing Fan, Min Gao, Anhui Medical University, Hefei, Anhui, China.

### 8 Systematic evaluation of association between the microsomal glutathione S-transferase 2 common variation and susceptibility to psoriasis vulgaris in Chinese population.

Xun-Jun Zhang, PhD, Sen Yang, Kai-Lin Yan, Feng-Li Xiao, Xing Fan, Min Gao, Yong Cui, Anhui Medical University, Hefei, Anhui, China.

### 9 HLA-Cw\*0602 and HLA-ER genotypes interact in psoriasis.

Fabio Sanchez, MD, PhD, Kazuko Sakuraba, MD, PhD, Lina Carlen, BSc, Mona Ståhle, MD, PhD, Karolinska Institutet, Karolinska University Hospital, Stockholm, Sweden.

### 10 Characterizing susceptibility to phenotypic variations of psoriasis by comparing allelic association signals on PSORS loci chromosomes.

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### 11 Role of chromosome 6P haplotypes in the susceptibility to psoriatic arthritis.

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### 12 Killer immunoglobulin-like receptors KIR2DS1 and KIR2DS2 are increased in siblings concordant for psoriatic arthritis.

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### 13 Epidemiology of psoriasis: A study of 156 California twin pairs.

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Qiong Huang, Huashan Hospital of Fudan University, Shanghai, China.

### 15 Differential effects of TNF blockade on TB-induced genes and cytokines.

Robert S. Wallis, MD, PPD, Washington, D.C., United States, O.Y. Saliu, C. Sofer, University of Medicine & Dentistry New Jersey, New Jersey Medical School, Newark, NJ, United States, Q. Wang, A. Brooks, University of Medicine & Dentistry New Jersey, Robert Wood Johnson Medical School, Piscataway, NJ, United States, S.K. Schwander, University of Medicine & Dentistry New Jersey, New Jersey Medical School.

### 16 The anti-angiogenic effect of photochemotherapy in vitro.

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### 17 Patients with psoriatic arthritis have an increased number of lymphocytes in the duodenal mucosa in comparison with patients with psoriasis vulgaris.

Gerd Michaëlsson, MD, PhD, Ulla Lindqvist, MD, PhD, Gudjon Kristjánsson, MD, PhD, Inger Pihl-Lundin, PhD, Eva Hagforsen, PhD, University of Uppsala, University Hospital, Uppsala, Sweden.

### 18 Release of INF $\alpha$ from stimulated cultured T lymphocytes of psoriatic patients.

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### 19 The expression of VLA-1( $\alpha$ 11a) on T lymphocytes CD4+ and CD8+ in psoriatic patients.

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### 20 Substance P and its receptor neurokinin-1 in psoriasis: A pathoetiological role?

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### 21 Serotonin receptors in psoriasis.

Klas Nordlind, MD, PhD, Kristoffer Thorslund, Student, Sol-Britt Lonne-Rahm, MD, Karolinska Institutet, Dept. of Medicine, Karolinska University Hospital, Stockholm, Sweden, Sheila Mohabbati, PhD, Uppsala University, Uppsala, Sweden, Timea Berki, PhD, University of Pecs, Pecs, Hungary, Marisela Morales, PhD, National Institute on Drug Abuse, Baltimore, MD, United States, Efrain Azmitia, PhD, New York University, New York, NY, United States.

### 22 Common TCR rearrangements in psoriatic skin lesions and streptococcal angina.

Joerg C. Prinz, MD, University of Munich, Munich, Germany, Laura Diluvio, University of Rome Tor Vergata, Rome, Italy, Sigrid Vollmer, Petra Besgen, University of Munich, Sergio Chimenti, University of Rome Tor Vergata.

### 23 Detection of SERUM B-Endorphin and its significance in psoriatic patients.

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### 24 Ectopic lymphoid neogenesis in psoriatic arthritis.

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### 25 Functional role for intraepidermal T cells in the development of psoriasis.

Curdin Conrad, MD, Giulia Tonel, Frank O. Nestle, MD, University Hospital of Zurich, Zurich, Switzerland.

### 26 Activation of nuclear factor kappa B and mitogen activated protein kinases in psoriatic arthritis before and after etanercept treatment.

Kurt de Vlam, MD, Inger Derese, Frank P. Luyten, Rik J.U. Lories, University Hospital Leuven, Leuven, Belgium.

### 27 Decreased secretion of interferon $\alpha$ by activated peripheral blood T cells in severe psoriasis.

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### 28 A trend towards an increase of the VLA-1-CD8+ subset in the peripheral blood of psoriatic patients.

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### 29 Increased frequency of circulating osteoclast precursors in psoriasis patients.

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### 30 Regulation of 12-LOX gene expression by insulin-like growth factor-II promote cell proliferation through ERK and PI3K-PKC pathway in human keratinocytes.

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### 31 Novel innate response cytokines in psoriatic arthritis.

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### 33 Vascular endothelial growth factor in psoriatic arthritis.

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### 37 The World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) as a framework for understanding the manifestations and consequences of psoriasis and psoriatic arthritis.

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### 41 Stress and psoriasis: A reciprocal relationship?

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### 43 Factors accounting for quality of life in psoriasis patients.

Konrad Janowski, PhD, Catholic University of Lublin, Lublin, Poland.

### 44 Variation of psoriasis impact on quality of life of Spanish patients between the years 2003-2005.

Miquel Ribera-Pibernat, PhD, Hospital Universitari Germans Trias i Pujol, Badalona, Spain, Gloria Caballé, MD, LEO Pharma, Barcelona, Spain, Maria José Fuente, PhD, Carlos Ferrándiz, PhD, Hospital Universitari Germans Trias i Pujol.

### 45 Impact of patients' psoriasis on the quality of life of their families: Initial results from a validation study of a novel dermatology-specific measure.

Mohammad Khurshid Azam Basra, Cardiff University, Wales College of Medicine, Cardiff, Wales, United Kingdom, Robert Su-Ho, Cardiff Royal Infirmary, Cardiff University, Cardiff, Wales, United Kingdom, Andrew Finlay, MD, Cardiff University.

### 46 Members of the National Psoriasis Foundation: More extensive disease and better informed about treatment options.

Tamar Nijsten, MD, Erasmus Medical College, Rotterdam, The Netherlands, Tara Rolstad, Lake Oswego, OR, United States, Steven Feldman, MD, PhD, Wake Forest University School of Medicine, Winston-Salem, NC, United States, Robert Stern, MD, Beth Israel Cosmetic Surgery Center, Chestnut Hill, MA, United States.

### 47 Adolescents with psoriasis and their quality of life.

Peter Keins, Fachklinik Sylt fuer Kinder und Jugendliche, Westerland, Germany.

### 48 Patient reported outcomes show improvement within one week in patients with psoriasis following etanercept treatment.

Anca Serban, Wyeth Research, Collegeville, PA, United States, Alice Gottlieb, MD, PhD, University of Medicine & Dentistry New Jersey, Robert Wood Johnson Medical School, New Brunswick, NJ, United States, J.M. Woolley, D. Lalla, A. Jahreis, Amgen, Inc., Thousand Oaks, CA, United States.

### 49 Quantitative assessment on adherence to medication: Implications for treatment.

Steven Feldman, MD, PhD, Wake Forest University, Winston-Salem, NC, United States, Rajesh Balkrishnan, Ph.D., Ohio State University College of Pharmacy, Columbus, OH, United States.

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Xue-qin Yang, Li You, Air Force General Hospital, Beijing, China, Jin Zhang-Rui, Institute of Aviation Medicine, Beijing, China.

### 51 Quality of life assessment in patients with psoriasis at Hospital Kuala Lumpur.

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### 52 Psoriatic arthritis: Patient knowledge and its relationship to quality of life.

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### 53 Psoriatic arthritis patients treated with etanercept had reductions in healthcare resource utilization: Results from the experience diagnosing, understanding care, and treatment with Enbrel (educate) trial.

J. Mark Jackson, MD, Dermatology Specialists, Louisville, KY, United States, Erin Boh, MD, Tulane University, New Orleans, LA, United States, Drore Eisen, MD, DDS, Dermatology Research Association of Cincinnati, Cincinnati, OH, United States, H. Amy Xia, Seth R. Stevens, MD, Amgen, Inc., Thousand Oaks, CA, United States, Elaine Yu, MS, Genentech, San Francisco, CA, United States.

### 54 Psoriatic arthritis patients treated with etanercept reported reductions in caregiver burden and absenteeism: Results from the experience diagnosing, understanding care and treatment with Enbrel (educate) trial.

Jeffrey Sobell, MD, Tufts University Medical Center, Boston, MA, United States, Steven Grekin, MD, Warren, MI, United States, Elaine Yu, Genentech, San Francisco, CA, United States, J.R. Antoni, PhD, Seth R. Stevens, MD, H. Amy Xia, J. Michael Woolley, PhD, Amgen, Inc., Thousand Oaks, CA, United States.

## CLINICAL RESEARCH

### 55 Response criteria for assessing peripheral arthritis in patients with psoriatic arthritis: Analysis of performance characteristics in two randomized, controlled trials of TNF inhibitors.

J. Fransen, PhD, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands, Christian Antoni, MD, Friedrich-Alexander University, Dept. of Medicine III, Erlangen, Germany, Philip Mease, MD, Seattle Rheumatology Associates, Seattle, WA, United States, W. Uter, PhD, Friedrich-Alexander University, Arthur Kavanaugh, MD, University of California San Diego, La Jolla CA, United States, J.R. Kalden, MD, Friedrich-Alexander University, P.L.C.M. Van Riel, PhD, Radboud University Nijmegen Medical Centre.

### 56 Childhood psoriasis: A study of 277 patients from China.

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### 57 Comparison of clinical features in familial versus sporadic psoriasis vulgaris of Chinese Han.

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### 58 Hormonal effects of pregnancy on psoriasis.

Jenny E. Murase, MD, University of California Irvine Medical Center, Cupertino, CA, United States, Stefani Kappel, Medical Student, School of Medicine, University of California, Irvine, John Koo, MD, University of California San Francisco Medical Center, San Francisco, CA, United States, Kenneth K. Chan, MD, Long Beach Memorial Medical Center, Long Beach, CA, United States, Thomas J. Garite, MD, University of California Irvine Medical Center, San Juan Capistrano, CA, United States, Dan M. Cooper, MD, University of California Irvine Medical Center, Orange, CA, United States, Gerald Weinstein, MD, University of California Irvine Medical Center, Irvine, CA, United States.

### 59 Efficacy and safety of low-dose acitretin for the treatment of moderate to severe plaque-type psoriasis.

Leon Kircik, MD, Physicians Skin Care, PLLC, Louisville, KY, United States, Alex Yaroshinsky, PhD, Connetics Corp., Palo Alto, CA, United States.

### 60 Efficacy and safety of Dead Sea climatotherapy in the treatment of psoriasis.

Michael David, MD, Tel Aviv University, Rabin Medical Center, Petah Tiqva, Israel, Avraham Kudish, Ben-Gurion University of the Negev and Dead Sea Research Center, Beer Sheva, Israel, Emmilia Hodak, Tel Aviv University, Rabin Medical Center, Marco Harari, Hani Giryas, Dead Sea Research Center, Ein Bokek, Israel, Shimon Moses, Ben-Gurion University of the Negev, Dead Sea Research Center, Neve Zohar, Israel.

### 61 Association between psoriasis, diabetes mellitus and atherosclerosis. A case control study.

Jonathan Shapiro, Maccabi Health Services, Tel Aviv, Israel, Arnon Kohen, Klalit Health Services, Beer Sheva, Israel, Michael David, MD, Emilia Hodak, Rabin Medical Center, Petah Tiqva, Israel, Viner Ana, Maccabi Health Services, Ramat Hasharon, Israel, Eyal Kremer, Anthony Heymann, Maccabi Health Services, Tel Aviv, Israel.

### 62 Echocardiographic findings according to disease activity in patients with psoriatic arthritis.

Hanna Przepiera-Bedzak, MD, PhD, Iwona Brzosko, MD, PhD, Malgorzata Peregud-Pogorzelska, MD, PhD, Marek Brzosko, MD, PhD, Zdzisława Kornacewicz-Jach, Pomeranian Medical University, Szczecin, Poland.

### 63 Echocardiographic abnormalities in patients with SAPHO syndrome.

Hanna Przepiera-Bedzak, MD, PhD, Malgorzata Peregud-Pogorzelska, MD, PhD, Iwona Brzosko, MD, PhD, Marek Brzosko, MD, PhD, Zdzisława Kornacewicz-Jach, Pomeranian Medical University, Szczecin, Poland.

### 64 Sustained long-term clinical efficacy and safety in patients with psoriasis for up to 2.5 years on etanercept.

Anca Serban, Wyeth Research, Collegeville, PA, United States, Boni Elewski, University of Alabama, Birmingham, AL, United States, Craig Leonardi, MD, St. Louis University, St. Louis, MO, United States, Alice Gottlieb, MD, PhD, University of Medicine & Dentistry New Jersey, Robert Wood Johnson Medical School, New Brunswick, NJ, United States, Bruce Strober, MD, PhD, Johns Hopkins University, New York, NY, United States, Peter C.M. van der Kerkhof, MD, PhD, University Hospital Nijmegen, Nijmegen, The Netherlands, Jean Paul Ortonne, MD, Hospital de'Archet, Nice, France.

### 65 Clinical response in psoriasis patients with an interruption of etanercept treatment.

Anca Serban, Wyeth Research, Collegeville, PA, United States, Boni Elewski, University of Alabama, Birmingham, AL, United States, Craig Leonardi, MD, St. Louis University, St. Louis, MO, United States, Peter C.M. van der Kerkhof, MD, PhD, University Hospital Nijmegen, Nijmegen, The Netherlands, Jean Paul Ortonne, MD, Hospital de'Archet, Nice, France, Meleana Dunn, Paul Peloso, Amgen, Inc., Thousand Oaks, CA, United States.

**66 Long-term treatment of four years with infliximab: A case report of a patient with severe psoriasis.**

Eyal Vussuki, MD, Rabin Medical Center, Holon, Israel, Michael David, MD, Emilia Hodak, Rina Segal, Hanna Feurman, Rabin Medical Center, Petah Tikva, Israel.

**67 Infliximab (Remicade): A new treatment alternative for severe hidradenitis suppurativa?**

Anne-Marie Thielen, MD, Caroline Barde, MD, Jean-Hilaire Saurat, MD, University Hospital Geneva, Geneva, Switzerland.

**68 Acute cutaneous manifestations of a Reiter's syndrome in an adalimumab and leflunomide treated patient.**

Anne-Marie Thielen, MD, Caroline Barde, MD, Jean-Hilaire Saurat, MD, University Hospital Geneva, Geneva, Switzerland.

**69 Infliximab and methotrexate-resistant rebound after efalizumab (Raptiva) discontinuation.**

Anne-Marie Thielen, MD, Caroline Barde, MD, Jean-Hilaire Saurat, MD, University Hospital Geneva, Geneva, Switzerland.

**70 Distribution of psoriasis lesions in patients with psoriatic arthritis.**

Anne Lene Krogstad, MD, PhD, Karen Øien Forseth, MD, PhD, Rikshospitalet, Oslo, Norway, Stefan K. Plechnik, MScEE, PhD, Centre for Functional Magnetic Resonance Imaging, Oxford University, Oxford, United Kingdom.

**71 Efficacy of topical agents under hydrophilic occlusion versus unoccluded in psoriasis.**

John Koo, MD, University of California Psoriasis Treatment Center, San Francisco, CA, United States, Shanthy M. Colaco, MSIV, BA, University of California San Francisco Medical School, San Francisco, CA, United States, Priya Sivanesan, MD, Farah Malick, MD, Julie A. Letsinger, MD, University of California Psoriasis Treatment Center.

**72 Diagnosis of arthritis in psoriasis patients presenting with joint pain to a dermatology/rheumatology clinic.**

Elinor Mody, MD, Brigham and Women's Hospital, Boston, MA, United States, Elaine Husni, MD, MPH, Cleveland Clinic, Cleveland, OH, United States, Abrar Qureshi, MD, MPH, Brigham and Women's Hospital.

**73 Clinical follow up 2-4 years after onset of guttate psoriasis.**

Katarina Wolk, MD, Petra Kjellman, MD, PhD, Lotus Mallbris, MD, PhD, Per Larsson, MD, PhD, Karolinska Institutet, Karolinska University Hospital, Stockholm, Sweden, Mona Ståhle, MD, PhD, Karolinska University Hospital, Stockholm, Sweden.

**74 Magnetic resonance imaging in dactylitis: What is the site of the inflammation?**

Paul Healy, University of Leeds, Leeds, United Kingdom, C. Groves, R. Chandramohan, Bradford Royal Infirmary, Bradford, United Kingdom, Philip Helliwell, PhD, University of Leeds.

**75 Efficacy of the two-compound product calcipotriol/betamethasone dipropionate in the treatment of psoriasis vulgaris: A Romanian multicentre study.**

I. Nedelcu, Central Clinical Emergency Military Hospital, Bucharest, Romania, D. Forsea, C. Giurcaneanu, Carol Davila University of Medicine & Pharmacy, Bucharest, Romania, R. Orasanu, University of Medicine & Pharmacy, Cluj Napoca, Romania.

**76 Treatment of scalp psoriasis with the two-compound product calcipotriol/ betamethasone dipropionate: A pilot open label.**

Nicoletta Cassano, MD, Gino A. Vena, MD, University of Bari Policlinico, Bari, Italy.

**77 A new enthesitis index for psoriatic arthritis.**

Paul Healy, Philip Helliwell, PhD, University of Leeds, Leeds, United Kingdom.

**78 Calcipotriol plus betamethasone dipropionate gel is effective and safe in the treatment of scalp psoriasis (a Phase II study).**

Colin Buckley, MD, Waterford Regional Hospital Ardkeen, Waterford, Ireland, Jerry Shapiro, Skin Care Centre, Vancouver, British Columbia, Canada, Seppo Saari, Policlinic of Dermatology, Turku, Finland, Frédéric Cambazard, Hospital Nord, St. Etienne, France, Vibeke Hoffman, LEO Pharma, Ballerup, Denmark.

**79 Treatment of psoriasis vulgaris with the two-compound product calcipotriol/ betamethasone dipropionate followed by calcipotriol in different formulations.**

Nicoletta Cassano, MD, A. Miracapillo, C. Coviello, F. Loconsole, M. Bellino, Gino A. Vena, MD, University of Bari, Bari, Italy.

**80 Efficacy and tolerability of the two-compound product calcipotriol/ betamethasone dipropionate in the treatment of moderate-severe psoriasis.**

M. Cacciapuoti, A. Farris, U.O. Dermatologia, Savona, Italy.

**81 A pooled analysis of studies with a calcipotriol/betamethasone two-compound product in severe psoriasis vulgaris.**

Knud Kragballe, MD, Aarhus University Hospital, Aarhus, Denmark, A.V. Anstey, Royal Gwent Hospital, Newport, Wales, United Kingdom.

**82 Long-term efficacy of a calcipotriol/ betamethasone dipropionate two-compound product in psoriasis vulgaris.**

Knud Kragballe, MD, Aarhus University Hospital, Aarhus, Denmark, A. Bibby, LEO Pharma, Buckinghamshire, United Kingdom.

**83 Comparative assessment of the efficacy of therapy with low and medium. [Note: abstract title reprinted as received.]**

Yulia L. Korsakova, PhD, Vladimir V. Badokin, Russian Medical Academy of Post-Graduate Study, Moscow, Russia.

**84 52-week long-term management of severe plaque psoriasis with a new calcipotriol/betamethasone two-compound product and calcipotriol cream.**

A. Kastanis, E. Vakirlis, K. Patsatsi, D. Sotiriadis, D. Devliotou-Panagiotidou, Aristotle University of Thessaloniki, Thessaloniki, Greece.

**85 Intensive therapy of psoriatic arthritis.**

Vladimir V. Badokin, Yulia L. Korsakova, PhD, Russian Medical Academy of Post-Graduate Study, Moscow, Russia.

**86 The advantages of topical treatment with the two-compound product calcipotriol/ betamethasone dipropionate and calcipotriol cream in psoriasis patients.**

C. Giurcaneanu, MD, PhD, D. Giurcaneanu, C. Enachescu, I. Nedelcu, V. Chitu, 1st Dermatology Clinic, Clinical Hospital Colentina, Bucharest, Romania.

**87 Correlation of lipid parameters to the severity of psoriasis.**

Andreas Colsman, Mathias Brügel, Joachim Thiery, Michael Sticherling, University of Leipzig, Leipzig, Germany.

**88 Methods for assessing efficacy of psoriasis therapies.**

Charles N. Ellis, MD, University of Michigan Dermatology, University of Michigan Hospital, Ann Arbor, MI, United States, John Berth-Jones, MRCP, Walsgrave Hospital, Coventry, United Kingdom.

**89 Juvenile psoriatic arthritis.**

Robert Stawowski, MD, Lidia Rutkowska-Sak, Institute of Rheumatology, Warszawa, Poland.

**90 Pooled, comparative analysis of one, two and four week efficacy rates of the two-compound product calcipotriol/ betamethasone dipropionate in severe psoriasis.**

Mark Lebwohl, MD, Mount Sinai School of Medicine, New York, NY, United States, C. Ganslandt, PhD, LEO Pharma, Ballerup, Denmark.

**91 Early changes in markers of bone metabolism in patients with psoriatic arthritis treated with anti-TNFa therapy: A comparison with rheumatoid arthritis.**

Adrian Gibbs, MRCP, Barbara Murray, Bea Radovits, Barry Bresnihan, Douglas Veale, MD, FRCPI, FPCP, Malachi McKenna, Oliver FitzGerald, PhD, St. Vincent's University Hospital, Dublin, Ireland.

**92 Magnetic resonance imaging study assessing the efficacy of anakinra (Kineret) in psoriatic arthritis: Evaluating compartment-specific synovitis using a novel scoring method.**

Adrian Gibbs, MRCP, Barry Bresnihan, Douglas Veale, MD, FRCPI, FPCP, Robin Gibney, Oliver FitzGerald, PhD, St. Vincent's University Hospital, Dublin, Ireland.

**93 Efficacy of anakinra (Kineret) in psoriatic arthritis: A clinical and immunohistological study.**

Adrian Gibbs, MRCP, Martina Gogarty, Barry Bresnihan, Douglas Veale, MD, FRCPI, FPCP, Oliver FitzGerald, PhD, St. Vincent's University Hospital, Dublin, Ireland.

**94 Chronic Hepatitis B reactivation following etanercept therapy in a psoriatic patient.**

Nicole Selenko-Gebauer, MD, Karoline Stur, MD, Groeg Stingl, Franz Karhofer, MD, Dept. of Dermatology, Div. of Immunology, Allergy and Infectious Diseases, Vienna, Austria.

**95 Linear nevoid psoriasis: A case report.**

Yong-Kwang Tay, MD, MRCP, Changi General Hospital, Singapore, Singapore.

**96 Development and evaluation of PASE: A self-administered Psoriatic Arthritis Screening and Evaluation tool.**

Elinor Mody, MD, Abrar Qureshi, MD, MPH, Brigham and Women's Hospital, Boston, MA, United States, Elaine Husni, MD, MPH, Cleveland Clinic, Cleveland, OH, United States.

**97 Classification criteria for psoriatic arthritis: Results from the CASPAR study.**

Philip Helliwell, PhD, University of Leeds, Leeds, United Kingdom, William Taylor, University of Otago, Wellington, New Zealand.

**98 Etanercept 50 mg once/week sustains clinical improvement in patients with psoriasis transferring from 25 mg etanercept twice/week.**

Anca Serban, Wyeth Research, Collegeville, PA, United States, Jean Paul Ortonne, MD, Hospital de l'Archet, Nice, France, Boni Elewski, University of Alabama, Birmingham, AL, United States, Craig Leonardi, MD, St. Louis University, St. Louis, MO, United States, Angelika Jahreis, Amgen, Inc., Thousand Oaks, CA, United States.

**99 Adalimumab is efficacious in treating skin disease of psoriatic arthritis patients with mild to severe baseline skin involvement: Subanalysis of ADEPT.**

Philip J. Mease, MD, Swedish Medical Center, Seattle, WA, United States, Dafna D. Gladman, MD, FRCP, University of Toronto, Toronto, Ontario, Canada, Ernest Choy, King's College, London, United Kingdom, Serge Steinfeld, Erasmus University Hospital, Brussels, Belgium, Renee Perdok, Martin M. Okun, Abbott Laboratories, Abbott Park, IL, United States.

**100 Concurrent efficacy of adalimumab against skin and joint disease in psoriatic arthritis.**

Christopher Ritchlin, MD, University of Rochester School of Medicine and Dentistry, Rochester, NY, United States, Philip J. Mease, MD, Swedish Medical Center, Seattle, WA, United States, Eric Sasso, Abbott Laboratories, Abbott Park, IL, United States.

**101 Efficacy in moderate to severe psoriatic arthritis patients who have escalated dosing due to subtherapeutic response to adalimumab eow.**

Christopher Ritchlin, MD, University of Rochester School of Medicine and Dentistry, Rochester, NY, United States, Ernest Choy, King's College, London, United Kingdom, Serge Steinfeld, Erasmus University Hospital, Brussels, Belgium, Martin M. Okun, Abbott Laboratories, Abbott Park, IL, United States.

**102 Recent history of systemic or biologic therapy does not appear to adversely affect adalimumab efficacy and safety in psoriasis.**

Richard G. Langley, MD, Dalhousie University, Halifax, Nova Scotia, Canada, Craig Leonardi, MD, Central Dermatology Inc., St. Louis, MO, United States, Darryl Toth, Probita Medical Research, Windsor, Ontario, Canada, Martin M. Okun, Abbott Laboratories, Abbott Park, IL, United States.

**103 Adalimumab efficacy in treatment of moderate to severe chronic plaque psoriasis is sustained through 60 weeks, with an acceptable safety profile.**

Richard G. Langley, MD, Eastern Canada Cutaneous Research Ltd., Halifax, Nova Scotia, Canada, Craig Leonardi, MD, Central Dermatology Inc., St. Louis, MO, United States, Darryl Toth, Probita Medical Research, Windsor, Ontario, Canada, Martin M. Okun, Abbott Laboratories, Abbott Park, IL, United States.

**104 Long-term efficacy, safety and inhibition of joint destruction by adalimumab in psoriatic arthritis: Results from ADEPT.**

Philip J. Mease, MD, Swedish Medical Center, Seattle, WA, United States, Dafna Gladman, MD, FRCP, University of Toronto, Toronto, Ontario, Canada, Christopher Ritchlin, MD, University of Rochester School of Medicine and Dentistry, Rochester, NY, United States, Eric Sasso, Abbott Laboratories, Abbott Park, IL, United States.

**105 Epidemiology of psoriasis in Kuwait.**

Khairia Al-Mazeedi, Hejab Saud Al-Ajmi, Ameri Hospital, Bayan, Kuwait.

**106 Liver injury in long-term methotrexate treatment in psoriasis is relatively infrequent.**

Maartje Berends, MD, J. Snoek, Peter C.M. van der Kerkhof, MD, PhD, M.G.H. van Oijen, E.M.G.J. de Jong, MD, PhD, J.P.H. Drenth, MD, PhD, H. Van Krieken, Radboud University Medical Center Nijmegen, Gelderland, The Netherlands.

**107 Antiproliferative, antiangiogenic and apoptotic mechanism of photochemotherapy (PUVA) in psoriatic patients.**

Romana Ceovic, MD, PhD, Aida Pasic, MD, Jasna Lipozencic, MD, PhD, Jasminka Jakic-Razumovic, MD, PhD, Zagreb University Hospital Center, Zagreb, Croatia.

**108 A randomized, double-blind, vehicle-controlled study of the efficacy of acitretin with and without the co-administration of 0.1% tacrolimus topical ointment for moderate to severe psoriasis.**

Alan B. Fleischer, Jr., MD, Steven R. Feldman, MD, PhD, Wake Forest University School of Medicine, Winston-Salem, NC, United States, Andrew A. Nelson, Baltimore, MD, United States, Jennifer Krejci-Manwaring, University of Kansas Medical Center, Kansas City, KS, United States, Joy Willard, M. Ann McCarty, Wake Forest University School of Medicine.

**109 Disease activity, radiographic features and bone density in psoriatic and rheumatoid arthritis.**

Soumya M. Reddy, MD, New York University, Hospital for Joint Diseases, New York, NY, United States, George Reed, PhD, University of Massachusetts, Worcester, MA, United States, Allen Anandarajah, MD, University of Rochester, Rochester, NY, United States, Jeffrey D. Greenberg, MD, MPH, Steven B. Abramson, MD, New York University, Hospital for Joint Diseases, Joel Kremer, MD, Albany, NY, United States, Christopher T. Ritchlin, MD, University of Rochester.

**110 A differential effect of calcitriol and calcipotriol ointment on epidermal subpopulations, a quantitative study.**

J.E.M. Korver, MD, Desiree W.A. van Rens, MD, PhD, Marcel C. Pasch, Piet E.J. van Erp, Jan B.M. Boezeman, Peter C.M. van de Kerkhof, Radboud University, Nijmegen, The Netherlands.

**111 Significantly higher plasma level of oxidized low-density lipoprotein at disease onset in patients with psoriasis.**

Lotus Mallbris, MD, PhD, Fredrik Granath, PhD, Anders Hamsten, MD, PhD, Mona Ståhle, MD, PhD, Karolinska Institutet, Karolinska University Hospital, Stockholm, Sweden.

**112 Disease activity in early psoriatic arthritis: A prospective comparative study with rheumatoid arthritis.**

Ulla Lindqvist, MD, PhD, University Hospital, Uppsala University, Uppsala, Sweden, Gerd-Marie Alenius, MD, PhD, University Hospital, Umeå, Sweden, Tomas Husmark, MD, Falu Hospital, Falun, Sweden, Elke Theander, MD, PhD, Malmö University Hospital, Malmö, Sweden, Gunilla Holmström, MD, Spenshult Rheumatological Hospital, Oskarström, Sweden.

**113 Long-term treatment of 4.5 years with infliximab: A case report of a patient with severe psoriasis.**

Eyal Vussuki, MD, Rabin Medical Center, Holon, Israel, Michael David, MD, Rabin Medical Center, Petah Tikva, Israel, Ilan Bank, MD, Sheba Medical Center, Ramat Gan, Israel.

**114 Efficacy and safety of 24-week therapy with continuous efalizumab in Saudi Arabia.**

Samir A. T. Hantirah, MD, Abdulla A. Abanmi, MD, FRCP, Fahd Al Harthi, MD, Mohamed Al Jamal, MD, Wadha Al Khadi, MD, Yaser Al Qubaisy, MD, Riyadh Armed Forces Hospital, Riyadh, Saudi Arabia.

**115 Predictors for radiological damage in psoriatic arthritis: Results from a single centre.**

Dafna D. Gladman, MD, FRCP, University of Toronto, Toronto Western Hospital, Toronto, Ontario, Canada, Simon J. Bond, PhD, Institute of Public Health, Cambridge, United Kingdom, Catherine T. Schentag, MSc, University of Toronto, Toronto Western Hospital, Vern T. Farewell, Institute of Public Health.

**116 How much improvement in functional status is considered important by patients with active psoriatic arthritis: Applying the Outcome Measures in Rheumatoid Arthritis Clinical Trials (OMERACT) Group Guidelines.**

Philip Mease, MD, Seattle Rheumatology Associates, Seattle, WA, United States, Rita Ganguly, Wyeth Research, Collegeville, PA, United States, L. Wanke, Amgen, Inc., Thousand Oaks, CA, United States, Amitabh Singh, Wyeth Research.

**117 Results of a Phase II study of CNTO 1275 in the treatment of psoriasis.**

Gerald G. Krueger, MD, University of Utah Health Science Center, Salt Lake City, UT, United States, Richard Langley, MD, Dalhousie University, Halifax, Nova Scotia, Canada, Craig Leonardi, MD, St. Louis University Medical School, St. Louis, MO, United States, Mark Lebwohl, MD, Mount Sinai School of Medicine, New York, NY, United States.

**118 Infliximab: One year Phase III results.**

Alice B. Gottlieb, MD, PhD, Tufts-New England Medical Center, Boston, MA, United States, Steven R. Feldman, MD, PhD, Wake Forest University School of Medicine, Winston-Salem, NC, United States, Gerald D. Weinstein, MD, University of California Irvine Medical Center, Irvine, CA, United States, Alan Menter, MD, Baylor University Medical Center, Dallas, TX, United States.

**119 Infliximab inhibits progression of radiographic damage in patients with active psoriatic arthritis: 54 week results from IMPACT 2.**

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**120 Infliximab safety experience: Data from clinical trials in patients with psoriatic disease.**

Kenneth B. Gordon, MD, Loyola University Medical Center, Maywood, IL, United States, Frank O. Nestle, MD, University Hospital Zurich, Zurich, Switzerland, Cynthia Guzzo, Shu Li, Centocor Research and Development, Inc., Malvern, PA, United States.

**121 Treatment w/ infliximab is associated with "major clinical response" in psoriatic arthritis patients treated w/infliximab: Analysis of two double-blind placebo controlled trials.**

Arthur Kavanaugh, MD, University of California San Diego, La Jolla, CA, United States, Gerald G. Krueger, MD, University of Utah Health Sciences Center, Salt Lake City, UT, United States, Charles Birbara, University of Massachusetts School of Medicine, Worcester, MA, United States, Dale Halter, Houston Institute of Clinical Research, Houston, TX, United States, Piet Geusens, Limburg University Centre, Belgium & Rheumatology, Maastricht, The Netherlands, Kurt de Vlam, University Hospital Leuven, Leuven, Belgium, Bei Zhou, L. Dooley, Cynthia Guzzo, M. Ann Bala, Anna Beutler, Centocor, Inc., Malvern, PA, United States, Christian Antoni, Friedrich-Alexander University, Erlangen, Germany,

**122 Investigation of mycosis in psoriatic plates.**

Isabel Irma Cesaroni, Laboratory Labbce, Buenos Aires, Argentina, Fausta Ines Negro, Pharmacy Grattoni, Buenos Aires, Argentina, Miguel Cesar Guerrini, Laboratory Experts Judicial Power, Buenos Aires, Argentina.

**123 Polymorphisms in folate, pyrimidine and purine metabolism have an impact on clinical response to treatment with methotrexate in psoriasis.**

Emanuela Campalani, St. John's Institute of Dermatology, King's College, London, United Kingdom, M. Arenas, A.M. Marinaki, Purine Research Laboratory, Guy's and St. Thomas' NHS Foundation Trust, London, United Kingdom, Jonathon N.W.N. Barker, MD, FRCP, FRCPATH, C.H. Smith, St. John's Institute of Dermatology.

**124 Educate.**

Alice Gottlieb, MD, PhD, University of Medicine & Dentistry New Jersey, Robert Wood Johnson Medical School, New Brunswick, NJ, United States, Philip Mease, MD, Seattle Rheumatology Associates, Seattle, WA, United States, Seth R. Stevens, MD, Amgen, Inc., Thousand Oaks, CA, United States, Charles Molta, MD, Wyeth Research, Collegeville, PA, United States.

To feel the water  
on my arms

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Prescribing information for Daivobet® ointment. Indications: Treatment of psoriasis vulgaris. Presentations: 30g, 60g, and 120g. Daivobet® ointment contains calcipotriol 50µg/g (as hydrate) and betamethasone 0.5mg/g (as dipropionate). Dosage and administration: Daivobet® should be applied to the affected area once daily for up to 4 weeks. The maximum weekly dose should not exceed 100g. There is no experience of use in children. Contra-indications: Known hypersensitivity to any of the ingredients. Patients with a known disorder of calcium metabolism (calcipotriol) and in conditions such as viral lesions of the skin and fungal or bacterial skin infections (corticosteroid). Precautions: Do not use on the face. Wash hands after applying to avoid contact with other areas of the body. Use no more than recommended dose since hypercalcaemia, which rapidly reverses on cessation of treatment, may occur. Adrenocortical suppression or worsening of diabetes mellitus may occur also during topical corticosteroid treatment due to systemic absorption. Application on large areas of damaged skin and under occlusive dressings or in skin folds should be avoided. Caution should be exercised in patients with severe liver and kidney disease due to lack of experience. Interaction with other medicaments and other forms of interaction: None known. Use in Pregnancy: Safety for use during human pregnancy and lactation has not been established. Daivobet® should not therefore be used during pregnancy or lactation unless considered essential by the physician. Effects on ability to drive and operate machinery: No or negligible influence. Side effects: The most common side effect is pruritus. Other local reactions reported with calcipotriol may occur and include local transient irritation, dermatitis, erythema and aggravation of psoriasis. Skin atrophy, telangiectasia, and striae have not been reported in clinical trials but may occur, especially during prolonged application. As with other glucocorticoids, folliculitis, hypertrichosis, perioral dermatitis, allergic contact dermatitis and depigmentation, although rare, may occur. Overdose: Exceeding the recommended dose may cause elevated serum calcium, which should rapidly subside when the treatment is discontinued. Excessive prolonged use of the topical corticosteroids may suppress the pituitary adrenal functions resulting in secondary adrenal insufficiency, which is usually reversible. In such cases symptomatic treatment is indicated. In the event of chronic toxicity, the corticosteroid treatment should be discontinued gradually. For further information, please contact LEO Pharma, Ballerup, Denmark, or the local LEO subsidiary.

Prescribing information for Daivonex® cream/Daivonex® ointment/Daivonex® scalp solution. Indications: Cream/Ointment: Treatment of plaque psoriasis (psoriasis vulgaris) amenable to topical therapy. Scalp Solution: Topical treatment of scalp psoriasis. Presentation: Cream/Ointment: 30g, 60g and 120g tubes. Scalp Solution: 60ml and 120ml bottles. Cream/Scalp Solution contains 50 micrograms calcipotriol per g/ml (as the hydrate). Ointment contains 50 micrograms calcipotriol per g. Dosage and Administration: Cream/Ointment: Adults: Apply once or twice daily to the affected area. For maximum benefit use twice daily. Maximum weekly dose should not exceed 100g. Children: Apply twice daily to the affected area. Maximum weekly dose should not exceed 75g in children over 12 years, 50g in children aged 6 to 12 years. There is limited experience in children under 6 years - maximum safe dose not established. No experience of use in combination with other therapies in children. Scalp Solution: Apply twice daily. Maximum weekly dose should not exceed 60ml. No experience in children. When Scalp Solution is used together with Cream or Ointment, the total dose of calcipotriol should not exceed 5mg in any week, e.g. 60ml Scalp Solution plus 30g Cream or Ointment, or 30ml Scalp Solution plus 60g Cream or Ointment. Contra-indications: Patients with known calcium metabolism disorders. Hypersensitivity to any constituents. Precautions: Do not use on the face. Wash hands after application. Avoid inadvertent transfer to other body areas, especially the face. Hypercalcaemia, has been reported in generalised pustular and erythrodermic exfoliative psoriasis. Use no more than recommended dose since hypercalcaemia, which rapidly reverses on cessation of treatment, may occur. Drug Interactions: Cream/Ointment: No experience of concomitant therapy with other antipsoriatic products applied to the same skin area at the same time. Daivonex® will not increase the overall effectiveness of UVB treatment. However, Daivonex® has a light-saving effect when used in combination with UVB in adults and response is achieved at a lower dose of UVB. Daivonex® should be applied at least 2 hours before UVB therapy. Daivonex® should not be initiated where patients may already be receiving an erythemogenic or sub-erythemogenic dose of UVB. Scalp Solution: No experience of concomitant therapy with other antipsoriatic treatments. Use during Pregnancy: Animal studies have not shown teratogenic effects but avoid unless no safer alternative. Side Effects: Cream/Ointments: Transient local irritation which seldom requires treatment discontinuation. Other local reactions may occur including dermatitis, pruritus, erythema, aggravation of psoriasis, photosensitivity. Facial or perioral dermatitis may occur rarely. Scalp Solution: As above, local irritation of the scalp or face may occur, and rarely hypercalcaemia or hypercalcaemia. For full prescribing information please refer to the Summary of Product Characteristics. For further information, please contact LEO Pharma, Ballerup, Denmark, or the local LEO subsidiary.



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